



MINUTES OF THE CIVIL SOCIETY DIALOGUE SERIES - 29TH MARCH 2023

OPENING SESSION:

INTRODUCTORY REMARKS –

Esther Nasikye, PATH Regional Immunization Advocacy Lead

The theme for the meeting was to maintain, recover, and increase strengthening civil-society-led advocacy towards renewed action for immunisation in Africa.

The objectives of the meeting were

- Strengthening the civil society constituency coordination towards improved immunisation advocacy outcomes in the region.
- To build consensus on the joint, civil-society-led advocacy agenda towards strengthened partnerships but also mutual accountability in 2023.
- To establish and strengthen information-sharing mechanisms and platforms within the constituency.

1. GAVI CSO SC VICE CHAIRPERSON –

Dr. Nizam Ahmed, Bangladesh, CEO of National Telehealth Services, secretariat for the Bangladesh Parliamentary Forum for Health and Wellbeing.

Countries need to step up in order to bridge the gap created by the COVID pandemic and if possible, to pick lessons and leverage vaccine investment innovation and new tools that would be helpful for the future.

The World Immunization Week is the opportune moment for CSOs to partner and engage with multiple stakeholders at local, national, and global level, including government, private sector and community partners to scale up immunisation as well.

2. PATH REPRESENTATIVE –

Dr. John Tanko Bawa, PATH's Africa Lead for Vaccine implementation

Health inequities in Africa stem from the weaknesses in the health policies that countries have in place or how these policies are financed and implemented.

30 million children in Africa still suffer from vaccine preventable diseases, according to the WHO data, reflecting a backlog accumulated over the years of both unimmunized and under-immunised children both before and after COVID-19

PATH:

- Has been actively influencing public policy and resource mobilisation through strategic advocacy
- Has worked with CSO coalitions in Africa to promote transparency and accountability for resources invested in immunisation programs at regional, national and subnational levels.
- Has supported successful integration and scale up of new vaccines in various contexts, such as the HPV vaccine in Uganda, Malaria vaccine in three pilot countries, with discussions on the typhoid conjugate vaccine currently ongoing.

Civil society needs to take action to bridge the gap on immunisation, utilising the unique capacity as civil society to forge connections between communities, health services, and governments responsible to those communities.

Joint action plans need to be developed through the Dialogues to drive towards increased domestic resource allocation for immunisation in order to reduce dependency on external financing and ensure sustainability of immunisation funding around available resource portfolios in order to achieve Immunization Agenda 2030.

It is important to emphasise the building and sustaining political will at all levels of governance through strategic engagement and advocacy.

3. GAVI REPRESENTATIVE –

Thiago Luchesi, Senior Manager Public Policy and Engagement, Gavi (TBC)

The Civil Society constituency is a core partner for the Gavi Alliance. The Gavi Alliance is looking forward to working with CSOs.

Engagement from civil society partners democratises health policy discussions at the country level as they bring the voices of the communities around them.

There is a new approach developed one year ago, which is the Gavi Civil Society and Community Engagement Approach. Gavi is really trying to improve how it funds civil society partners in countries.

Gavi is working on a few financial incentives to encourage advocacy from Civil Society partners. One such incentive on health financing has already happened before but other ones are coming. They will communicate these opportunities to Civil Society partners

SECOND SESSION

1. SHARING THE 2023 DRAFT WORK PLAN –

Anthony Ombara, Advocacy Manager, Gavi CSO Hosting Project, AMREF

1. Foster social and political commitment to immunisation, PHC and UHC:
 - Country Policy and Advocacy- Focus on HICs (DRC, NGR, SSD, ET, PAK, IND)- **April to June**
 - CSO-led advocacy on IA2030 recovery plans and zero dose- **Continuous**
 - CSO-led HPV relaunch advocacy campaign - **Continuous**
 - CSO-led national advocacy campaigns in 2-3 countries (CSCE funding) - **July to December**
 - CSO dialogue Series - **March, May and August**
 - Support PCV/Rota locally led advocacy campaigns (SSD, Chad, Guinea, Somalia) – **Continuous**
2. Influence regional and country policies for resilient immunisation systems and service delivery:
 - Regional advocacy in collaboration with CSOs across African continent - **Continuous**
 - Strengthening CSO engagement in Asia through collaboration with APIC and other key partners - **July to December**
3. Position immunisation agenda in regional and global discourse:
 - CSOs engagement in PPPR - **Continuous**
 - Engage in and foster CSO-led advocacy to build political support for an integrated immunisation and UHC agenda within the global spaces - **April to June**
 - Gavi Talks with Civil Society Session (webinars) - **Continuous**
 - COVAX/Routine Immunisation briefings - **April to June** and **August to October**

BREAKOUT SESSIONS:

GROUP 4: ADVOCACY AND SOCIAL MOBILISATION –

Chairperson: Emily Katarikawe, Executive Director of Innovation Program for Community Transformation (InPACT), Uganda

Secretary: Miriam Akinyi, Malaria Youth Army Champion

Q1: What are the activities that should be included and tracked in the CSO work plan?

Prioritise media engagements at different levels as media is vital in the circulation of information and in changing community perspectives.

Empowering the community organisations and civil society organisations who have the capacity to share information that has been worked on by a team of experts at national level and so align with the government and other partners who advocating at global and national levels. This will include community health volunteers or assistants who are able to relate with the community through language and interaction, since advocacy starts at the grassroots.

Q2: What are the key moments at country level and regional level to be leveraged?

Leverage on the Africa CDC hosted African Union COVID-19 Vaccination Bingwa Initiative trainings in the regions where they are happening.

Generate advocacy for the hepatitis birth dose (HBV-BD) which was newly introduced in Uganda in order to increase community knowledge and consumption levels.

Coming together as Gavi CSO constituency to advocate for mobilising domestic resources to support various programs especially for immunisation within countries, and to bridge funding gaps in order to continue and sustain programs with local resources targeting health financing and enhancing pandemic preparedness and response.

Leverage Integrated Child Health Days (in Uganda) as well as religious and political days, International Malaria Day and school health activities.

Uganda parliamentary budgeting cycle.

Q3: Is your organisation developing any key resources and materials that can be amplified through the constituency communication channels?

Bright Amisah-Nyarko, Executive Director, HERO Network, Ghana: posters and leaflets on COVID-19, a social mobilisation activity handbook for mobilising communities.

Lutamaguzi Emmanuel, Executive Director, Hepatitis Aid Organization (HAO): materials for demand creation and awareness on the HBV-BD.

Annette Onyango, Youth Champion, Malaria Youth Army: Malaria materials: TikTok videos.

HEPS- Uganda: input matrix which tracks stocks, status of essential commodities.

PLENARY SESSION:

A suggestion was given on equity in future meetings to include persons living with disability by having a sign language interpreter.

BREAK OUT GROUP SUMMARIES

1. Immunization Agenda 2030

Mutana Gakuru:

- Addressing the challenge of putting the strategy into the rural context and not just national.
- Looking to have projects that involve religious leaders as champions for the IA 2030 agenda.
- Finding ways to reinforce the work and build capacity of CSOs, perhaps having expanded sessions on that.
- Seeking ways to converge actions being taken by different groups in preparation for World Immunization Week coming up in April and working towards a unified front.
- ASKAAN Santé is preparing videos and communication materials for World Immunization Week.

2. Pandemic Preparedness, Prevention and Response (PPPR)

Nahashon Aluoka:

Noting that the group did not have time for discussion, some of his flagged observations are:

- Pandemic fund: the first call for proposals, which was put out received 60% of the grant requests from sub-Saharan Africa. The total of EOIs from Africa was almost 23 times more than what is available, showing a strong demand but also the need to capitalise.
- There is a process to reset the board for CSO reps which is something that CSOs really need to look forward to and participate in.
- On the pandemic accord process, the INB 3 made a decision that leaves CSOs out in the drafting processes. It's good that CSOs track this process and make sure that none of the gains already in the zero draft are lost.

3. Pneumonia

Not attended. The organising committee would like to

4. Polio Eradication

Deo Agaba:

- There is a need for deeper reflections on how to get aligned at the country level with the work plan Anthony shared and then get into some of the activities, so that they can mirror what is happening at the country level.
- A suggestion was made to look at the strategic direction of CSO engagement under Gavi in order to understand the strategic plan and direction, and then fit into it at the country level.
- There is a need to focus more on the coordination mechanisms and engagement platforms, in order for there to be a continuous effort where the coordination starts from the country level onwards and not just a one-off where CSOs are mobilised.

5. Advocacy and social mobilisation

Miriam Akinyi:

- Some of the key activities that should be included in tracking the CSO work plan includes media engagement at different levels, engaging the community health volunteers or assistants, empowering civil society organisations through linking them between the government and other organisations, monitoring and evaluation and also coordination
- Some of the activity was to leverage on the cultural or religious and political structures to ensure effective implementation.
- Some of the key moments to leverage were African Union initiatives or youth training, World Malaria Day, Ministry of Health Day, child health and immunisation campaigns.
- Several materials are available in different countries. Ghana has materials for COVID-19. Uganda has materials for Hepatitis B. Kenya has materials for UHC.

PANEL: KEY ADVOCACY UPDATES AND OPPORTUNITIES

1. POLICY UPDATES –AFRICA POLIO ERADICATION FORUM

Papa Momar Touré - Immunization Program Officer, Speak Up Africa

On 1st of December, Senegal started a forum of advocacy communication on the national eradication of polio in Africa with the participation of presidents, secretaries, and doctors. They worked on better quality, African representation and defending the public interest in order to come up with better plans and agendas and in order to reintegrate and renew their engagement and commitment towards society. Other subjects discussed include national equity, national equal opportunities for better life and better health for children, youth, men and women. They also reinforce capacities in order to be able to improve vaccines development.

The forum encouraged better participation of civil society. Because without civil society, there is a lack of reach, objectives cannot be set and agendas cannot be set. Thus the forum approves and validates the participation of civil society and authorises better engagement and commitments and agendas.

The forum is exposed to many challenges and hardships but aims to renew fidelity and achieve renewed engagement through defending public interests within partners, as well as have better funding. They continually mention the 10

principles of sustainable development. The impact of the forum has provided a number of recommendations that will be implemented in the future.

Eventually, there will be a declaration to create a dynamic for civil society and a universal project in order to work on better mentalities. Everyone was asked to sign a declaration on this and in order to make sure civil society is involved in the initiative.

2. PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE (PPPR) UPDATES

Nahashon Aluoka, Strategic Adviser & Global Partnerships Lead, Pandemic Action Network

A. The Intergovernmental Negotiating Body – Pandemic Accord/instrument

The areas in the INB Zero Draft process that should matter to CSO advocacy constituency include:

- Access to vaccines, tx and dxs are at the core of the negotiations.
- Achieving equity in and for and through PPPR and recovery of health systems
- Strengthening and sustaining preparedness and health systems resilience
- Whole of government and whole of society approaches at the national.
- Strengthening pandemic and public health literacy among others.

B. Pandemic Fund

Pandemic Fund launched its first call for proposals (FCP) on March 3, due May 19:

- There was strong country and regional demand for funding with grant requests of over US\$7 billion, and that there was a significant funding gap for the Pandemic Fund (currently with \$1.6 billion pledged/ \$10.5b annual target, and only \$500m-ish converted)
- The themes for funding in the FCP are surveillance systems, laboratory systems, and health workforce.

Note that civil society seats on the Pandemic Fund Governing Board reset in May 2023, and the application/nomination process is open until April 6. Information on this can be found here: <https://covid19advocacy.org/call-for-nominations-pandemic-fund/>

3. AU SUMMIT UPDATES

Fitsum Lakew Alemayehu - AU Liaison Manager, WACI Health

WACI works closely with PATH on immunisation and have done quite a bit on the Addis Declaration on Immunization to pack the declaration and the commitment itself to make it friendly for civil societies to see how it links to ongoing immunisation advocacy works. They have also put the UNECA and UN jointly-produced roadmap on the Declaration's implementation based on the outcomes.

On February 19th and on the margins the 36th Ordinary Session of the AU, a high-level event co-hosted by the Republic of Sierra Leone, WHO, African Union was held on building momentum for routine immunisation recovery in Africa. This was in order to renew political commitment to fulfill the Addis Declaration on Immunization 2016.

The AU Mid-Year Coordination Summit was confirmed to be in Nairobi, Kenya with dates to be confirmed and communicated through PATH. There is also an expected follow-up meeting to the February 19th high-level event whose objective is to follow up on implementation and track progress on the Addis Declaration on Immunization. It will also act to update on the outcomes of the two high-level meetings.

There will be a briefing with Africa CDC set to take place in late April which is another opportunity for African civil societies to join and benefit from the discussions. This is coordinated by Africa CDC and WACI Health. The first briefing took place in November 3, 2022, where attendants heard from the CDC on their programs, policies, priorities. Details will be shared via PATH.